

## Certification of Work Completed and Verification of DELPHI Payment Information

**TO: Technical Officer Representative (TOR)**

**FROM: Carmen Molina, COTR – BITS II,**

**Phone: 202-267-8390**

**Fax: 202-493-5148**

**Subject:**

<b>Contract No.:</b>	
<b>PRISM (Version/Release) Number:</b>	
<b>Other Reference No. (If applicable):</b>	

**Please find attached the following invoice(s) submitted by (Contractor Name) for payment:**

<b>Invoice #</b>	<b>Amount</b>

Please review the attached invoice(s). Your signature below will indicate that you have reviewed the attached invoice(s) and verified the following:

1. The work referenced in the invoice was completed and performed in a satisfactory manner from a technical standpoint.
2. The amount billed by the contractor is correct and is commensurate with the effort performed by the contractor for the period of performance referenced in the invoice(s)

Please sign and return to the BITS Program Office within 5 days, upon receipt of this notice, in order to avoid any late payment penalties (which would be charged to the account that initially funded the task order(s) in question if incurred).

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TOR Name/ Signature / Date	Phone
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COTR Name/ Signature / Date	Phone
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Contracting Officer Name/ Signature / Date	Phone
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Please provide the following accounting (DELPHI) data. Accounting requires this information to process the invoice.

Line	Shp	Dist	Project	Task	Exp Type	Exp Org	Exp Date	FCBLI	Amount

Approved \_\_\_\_\_ **ACCEPTED IN PRISM** \_\_\_\_\_

Rejected \_\_\_\_\_

(Please provide justification for rejection)